								Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECOI										٠.		
Effective October 1, 2003								10/717,539					
CLAIMS AS FILED - PART I								MALL E	NTITY		OTHER	THAN	
			(Column 1) (Column			mn 2)	TYPE			OR	SMALL	ENTITY	
TOTAL CLAIMS								RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			33 minus 20=		* 13			X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS			12 mi	nus 3 =	* 9			X43=		OR	X86=	774	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	ro, enter "0" in column 2			<u>L</u>	TOTAL		OR	TOTAL	1778		
CLAIMS AS AMENDED - PART II										,	OTHER	7	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus ·	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=			+290=		
								TOTAL		OR	TOTAL		
	13.8,4112						ADI	DIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
NDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER . OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	>	X\$ 9=		OR	X\$18=		
AMEND	Independent	*	Minus	***		=	;	X43=		OR	X86=		
	FIRST PRESE	ENDENT	CLAIM			4.45			.000	-			
								145=		OR	+290=	•	
								TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 3)											
5	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	·F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	×	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		43 =			X86=		
ď	FIRST PRESE	ENDENT	CLAIM		\vdash			OR					
* 14	f the entry in colum	mn 1 is lose than th	e entry in colu	mn 2 write	"O" in col	umo 3	+	145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR ,	TOTAL ADDIT. FEE		
		mber Previously Paid hber Previously Paid					found i	in the app	ropriate box	in col	umn 1.	ļ	